



## LETTER OF INTENT

Seminole County Community Service Agency Grant Program  
County Fiscal Year October 2004 – September 2005

Dr. David Medley, Manager  
Division of Community Assistance  
400 W. Airport Boulevard  
Sanford, Florida 32773

Dear Dr. Medley:

This is to inform you that \_\_\_\_\_  
Intends to apply for funding through the Seminole County Community Service Agency Grant  
Program for the Fiscal Year October 2004 – September 2005.

I have checked the category below for which our agency intends to request funding and indicated the anticipated amount of our request. I understand that this LETTER OF INTENT does not guarantee funding and that a formal application will be required before consideration and final determination is made by the Board of County Commissioners.

CATEGORY	Request
Children	\$
Health	\$
Seniors	\$
Basic Needs	\$

CATEGORY	Request
Physically Challenged	\$
Community Improvement	\$
Housing	\$
Other:	\$
<b>TOTAL REQUEST:</b>	\$

If requested funding is awarded, what specific service(s) would it be used for?

**Please respond to the following items. DO NOT leave this section blank.**

Does your agency have current 501(c)(3) status?	Yes	No	
Does your agency have current Insurance?	Yes	No	Tax exempt #: _____
Are you requesting funds for a NEW program or service?	Yes	No	Expiration date: _____
Will funding add service capacity to an existing program?	Yes	No	

**Agency Information**

Contact Person/Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
{Name}, {Position}